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**RESPONSE UNDER 37 C.F.R.  
§1.116 EXPEDITED PROCEDURE  
EXAMINING GROUP 3731**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicants:</b>	Yoshio Onuki et al.	<b>Examiner:</b>	Michael G. Mendoza
<b>Serial No:</b>	10/616,517	<b>Art Unit:</b>	3731
<b>Filed:</b>	July 10, 2003	<b>Docket:</b>	15679
<b>For:</b>	ENDOSCOPIC SUTURE APPARATUS	<b>Dated:</b>	October 12, 2005
<b>Conf. No.:</b>	1188		

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. § 1.116**

Sir:

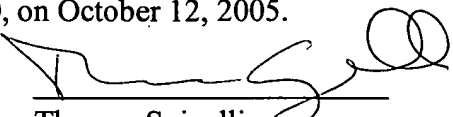
In response to the Final Official Action dated July 13, 2005, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

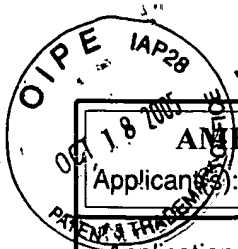
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**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 12, 2005.

Dated: October 12, 2005

  
Thomas Spinelli



AF/3731 ZW

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): <b>Yoshio Onuki, et al.</b>	Docket No. <b>15679</b>
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Application No. <b>10/616,517</b>	Filing Date <b>July 10, 2003</b>	Examiner <b>Michael G. Mendoza</b>	Customer No. <b>23389</b>	Group Art Unit <b>3731</b>	Confirmation No. <b>1188</b>
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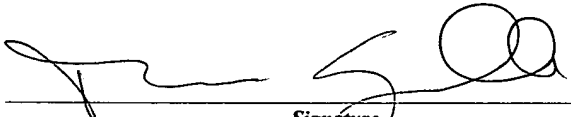
Invention: **ENDOSCOPIC SUTURE APPARATUS**

**COMMISSIONER FOR PATENTS:**  
  
Transmitted herewith is an amendment in the above-identified application.  
The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	15 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	

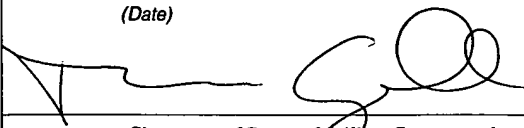
- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **19-1013/SSMP**
  - ☐ Any additional filing fees required under 37 C.F.R. 1.16.
  - ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

  
\_\_\_\_\_  
Signature

Dated: **October 12, 2005**

**Thomas Spinelli**  
Registration No.: **39,533**

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 Signature of Person Mailing Correspondence
<b>Thomas Spinelli</b> Typed or Printed Name of Person Mailing Correspondence

cc: